



STATE OF UTAH—DEATH CERTIFICATE

Dellila Sheldon Nye

1 PLACE OF DEATH County: <u>Washington</u> Precinct: <u>Antelope</u> of Village _____ City: <u>No</u>		State Board of Health File No. <u>50156</u>	
2 FULL NAME <u>Dellila Sheldon Nye</u>			
(a) Residence, No. <u>Antelope, Utah</u> (USUAL PLACE OF ABODE)		3 IN NON-RESIDENT GIVE CITY OR TOWN AND STATE	
Length of residence in city or town where death occurred <u>18 yrs.</u> <u>11</u> mos.		4a How long in U. S. if foreign birth <u>yes</u> <u>no</u> <u>ds</u>	
PERSONAL AND STATISTICAL PARTICULARS			
5 SEX <u>Female</u>	6 COLOR OR RACE <u>White</u>	7 AGE <u>39</u>	8 MARRIED, MARRIED, WIDOWED, OR DIVORCED (Write the word)
<u>Married</u>		<u>40</u> yrs. <u>2</u> mos. <u>1</u> day. <u>abs.</u>	9 LIVES THAT
10 If Married, Widowed, or Divorced, HUSBAND OF <u>Ward W. Nye</u>		11 DATE OF DEATH <u>Febr. 26</u> <u>1929</u>	
12 DATE OF BIRTH <u>April 23</u> <u>1889</u>		13 MEDICAL CERTIFICATE OF DEATH	
14 OCCUPATION OF DECEDENT (a) Trade, profession or particular kind of work (b) General nature of industry, business, or establishment in which employed (or employer)		15 DATE OF DEATH <u>Febr. 26</u> <u>1929</u>	
<u>Homekeeper</u>		16 I HEREBY CERTIFY, That I attended deceased from <u>Febr. 24</u> , <u>1929</u> , to <u>Febr. 26</u> , <u>1929</u> ,	
17 PARENTS		that I last saw him <u>alive</u> on <u>Febr. 26</u> , <u>1929</u> ,	
18 BIRTHPLACE (City or town) (State or Country)		and that death occurred, on the date stated above, at <u>1 pm</u> .	
19 NAME OF FATHER <u>Steve Sheldon</u>		The CAUSE DEATH* was as follows:	
20 BIRTHPLACE OF FATHER <u>Prov. Utah</u>		Bronchial Pneumonia Sepsis Adrenitis Gonorr. 8 months Pregnancy	
21 MAIDEN NAME OF MOTHER <u>Margaret Bonner</u>		Duration <u>10 days</u>	
22 BIRTHPLACE OF MOTHER <u>St. Louis, Ill.</u>		Contributory (Secondary) <u>nephritis interstitial</u>	
23 INFORMANT <u>V.M. Nye</u> Address <u>Antelope, Utah</u>		Duration <u>10 days</u>	
24 Filed <u>Feb 26 1929</u> <u>J. B. Beatty</u> Registrator		25 Where was disease contracted If not at place of death? <u>No</u>	
26 Registered Number <u>The Hospital</u> Reg. No. <u>25</u>		Did an operation precede death? <u>No</u> Date of	
27 No. of Burial or Removal Permit		Was there an autopsy? <u>No</u>	
28		What test confirmed diagnosis? <u>Examination</u>	
		(Signed) <u>S. Miles Harris</u> M.D. Feb. 26, 1929 (Address) <u>Roosevelt Hotel</u>	
*State the DISEASE, CAUSING DEATH, or in death from VIOLENT CAUSES, OR H. M. A. S. AND NATURE OF INJURY, and the whether ACCIDENTAL, SUICIDAL OR HOMICIDAL. See reverse side for additional space.			
29 PLACE OF BURIAL, CREMATION, OR REMOVAL		30 DATE OF BURIAL	
31 UNDERTAKER		32 ADDRESS	

STATE OF UTAH — DEPARTMENT OF HEALTH

1 PLACE OF DEATH

00756

State Board of Health File No.

County Kosciusko
 Precinct or Antelope
 Village or
 City

No.

STATE OF UTAH—DEATH CERTIFICATE

Debtors: Shelton Nye
[If death occurred in a hospital or institution give its NAME, address of street and number.]
2 FULL NAME Deborah Shelton Nye(a) Residence No. Antelope, UtahLength of residence in city or town where death occurred 18 Year51. (If non-resident give city or town and state)
days. How long in U. S. if of foreign birth? 0 yrs. 0 mon. 0 days

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3 SEX Female 4 COLOR OR RACE White 5 MARRIED, WIDOWED,
 OR DIVORCED Married

16 DATE OF DEATH

Feb. 26 1929
(Month) Day Year6 If Married, Widowed, or Divorced,
 HUSBAND OR WIFE OF Howard W. Nye.7 DATE OF BIRTH April 25 1889
(Month) Day Year8 AGE 40 yr. 2 mo. 1 da. hr. 0 min.9 OCCUPATION OF DECEDENT
 (a) Trade, profession or particular kind of work Homekeeper
 (b) General nature of industry, business or establishment in which employed (or employer)10 NAME OF FATHER Stevens Shelton11 BIRTHPLACE OF FATHER Provo, Utah
 (State or Country)12 MAIDEN NAME OF MOTHER Margaret Bonner13 BIRTHPLACE OF MOTHER St. Louis, Ill.
 (State or Country)17 I HEREBY CERTIFY, That I attended deceased from Feb. 24, 1929, to Feb. 26, 1929,that I last saw h. s. alive on Feb. 26, 1929, and that death occurred, on the date stated above, at 1 P.M.The CAUSE DEATH* was as follows:
Bronchial Pneumonia
toxic Adrenoma fortis
8 months pregnancy
Duration 7 daysContributory (Secondary) Rephritis interstitial Duration 7 days

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date ofWas there an autopsy? No

What test confirmed diagnosis?

(Signed) S. Miles Harris M. D.
 (Address) Roosevelt Hotel Feb. 26, 1929
*State the DISEASE CARRYING DEATH, i.e., in deaths from VIOLENT CAUSES state (1) MANS AND NATURE OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OR HOMICIDAL. (See reverse side for additional space.)
19 PLACE OF BURIAL, CREMATION, OR REMOVAL 19 DATE OF BURIAL20 UNDERTAKER 19 ADDRESS

READ CAREFULLY INSTRUCTIONS ON BACK OF CERTIFICATE

This is to certify that this is a true copy of the certificate on file in this office. This certified copy is issued under authority of section 26-2-22 of the Utah Code Annotated, 1953 As Amended.

Date Issued:

Barry E NangleBarry E. Nangle
 DIRECTOR OF VITAL RECORDS

R 09 2002

SL 132229

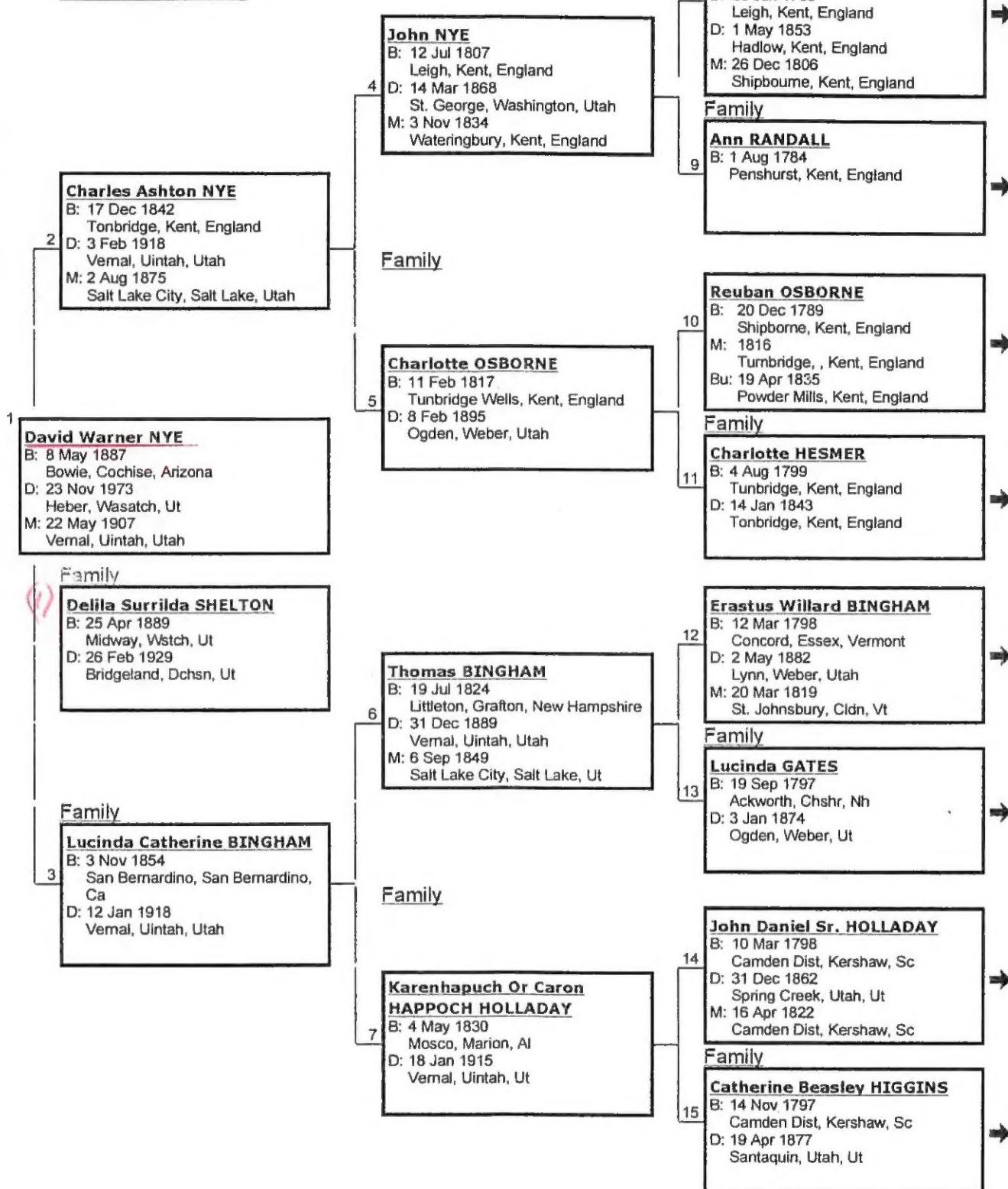

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 ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATION.


Pedigree Chart

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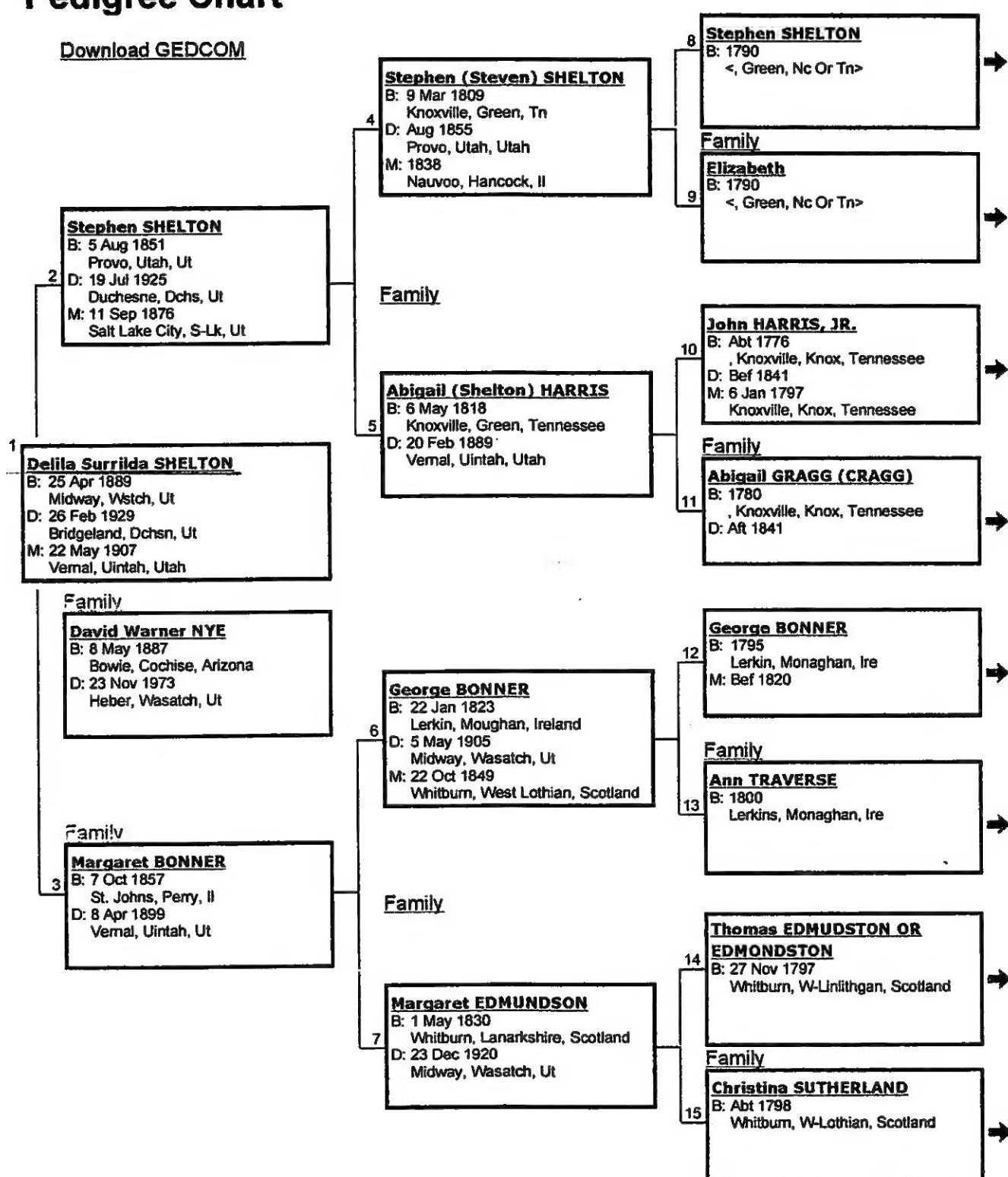
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Pedigree Chart

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FamilySearch™ Ancestral File v4.19



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